

ATTENTION!

Developmental Assessment of Young Children
(DAYC)
Application Attached

Date: September 15, 2006

Location: Cherokee Mental Health Systems
Center City Office
Community Room
2018 Western Avenue
Knoxville, TN (map attached)

Time: 10:00 – 2:00 p.m.

B.Y.O.L. Drinks and snacks will be provided.

Participants: Open to TEIS and preschool. Fifty slots will be available at this training site. Agency limits may be set according to number of applications.

Please return attached application by e-mail, laneh@etsu.edu, or fax, 423-439-7561 by August 28th. Notification of participants and further details regarding the training will follow.

**Directions to:
Cherokee Health Systems
Center City Office**

**2018 Western Avenue
Knoxville, TN 37921
865-544-0406**

- Take I-40 to Exit 387 (Western Ave/17th Street)
- Turn LEFT onto Ailor Avenue
- Get into the right lane of Ailor and turn RIGHT at the first traffic light onto 21st Street. You will see the Center City office straight ahead of you at this point.
- Travel through the first traffic light on 21st Street (crossing over Middlebrook Pike).
- After crossing Middlebrook Pike, get into the left lane and turn LEFT into the parking lot next to the Cherokee Health Systems sign.

Or from downtown Knoxville

- Take Henley Street to the intersection of Henley, Summit Hill and Western Avenue.
- Take Western Avenue and travel approximately one mile.
- Turn LEFT onto 21st Street (across from Mt. Moriah Church) and then RIGHT into the parking lot next to the Cherokee Health Systems sign.

Developmental Assessment of Young Children Training Application

Due to the number of training slots available, it may be necessary to limit participants. You will receive confirmation of attendance, which will be required for entrance to the training. If you are unable to attend the training after receiving confirmation, please let us know so that another person may have the slot.

Knoxville – Sept 15, 2006

10:00 am – 2:00 pm

Cherokee Mental Health Systems, Center City Office, Community Room
2018 Western Avenue

Name: _____ Date: _____

TEIS/LEA District: _____ Agency: _____

Phone: _____ Email: _____

Current position: _____

Counties, LEA's you serve: _____

Educational degree(s) **and** any area(s) of certification: _____

Please check any responsibilities that you have specific to evaluation,

___ Administer assessment – evaluation tools for eligibility

___ Interpreter of test results at IFSP/IEP meetings

___ Systems administrator

___ Participate in IFSP/IEP eligibility decisions

___ Participate in IFSP/IEP meetings

___ Conducting assessments for intervention planning

___ Identifying IFSP/IEP goals

___ Designing intervention activities

___ other, please describe _____

**For more information, contact Helen Lane, 423-439-7548
Fax completed form to Helen Lane at 423-439-7561 by August 28th.**